FOR OHF USE

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2002
STATE OF ILLINOIS
DEPARTMENT OF PUBLIC AID
FINANCIAL AND STATISTICAL REPORT FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2002)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH Facility ID Number: 0042176

Facility Name: RENAISSANCE AT HILLSIDE

Address: 4600 FRONTAGE ROAD (Number) HILLSIDE (City) 60162 (Zip Code)

County: COOK

Telephone Number: (708) 544-9933 **Fax #** (708) 544-9966

IDPA ID Number: 363980624001

Date of Initial License for Current Owners: 06/30/97

Type of Ownership:

	VOLUNTARY,NON-PROFIT	X	PROPRIETARY		GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code			Corporation		Other
		X	"Sub-S" Corp.		
			Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: Steve Lavenda **Telephone Number:** (847) 236 - 1111

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/02 to 12/31/02 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider
(Signed) _____ (Date)
(Type or Print Name) _____
(Title) _____

Paid Preparer
(Signed) See Accountants' Compilation Report Attached (Date)
(Print Name and Title) NOSHIR R. DARUWALLA, C.P.A.
(Firm Name & Address) Frost, Ruttenberg & Rothblatt, P.C.
111 Pfingsten Road, Suite 300 Deerfield, IL 60015
(Telephone) (847) 236-1111 Fax # (847) 236-1155

MAIL TO: OFFICE OF HEALTH FINANCE
ILLINOIS DEPARTMENT OF PUBLIC AID
201 S. Grand Avenue East
Springfield, IL 62763-0001 Phone # (217) 782-1630

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number RENAISSANCE AT HILLSIDE # 0042176 Report Period Beginning: 01/01/02 Ending: 12/31/02

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds _____

	1 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	166	Skilled (SNF)	166	60,590	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	166	TOTALS	166	60,590	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Public Aid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	43,764	5,163	7,141	56,068	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	43,764	5,163	7,141	56,068	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 92.54%

D. How many bed-hold days during this year were paid by Public Aid?
1,141 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)
N/A

F. Does the facility maintain a daily midnight census? YES

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES [ ] NO [X]

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [ ] NO [X]

I. On what date did you start providing long term care at this location?
Date started 06/30/97

J. Was the facility purchased or leased after January 1, 1978?
YES [X] Date 06/30/1997 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 32 and days of care provided 5,751

Medicare Intermediary Mutual of Omaha

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [X] NO [ ]

Tax Year: 12/31/02 Fiscal Year: 12/31/02

* All facilities other than governmental must report on the accrual basis.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number RENAISSANCE AT HILLSIDE # 0042176 Report Period Beginning: 01/01/02 Ending: 12/31/02

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
	A. General Services	Salary/Wage 1	Supplies 2	Other 3	Total 4	5	6	7	8	9	10	
1	Dietary	291,301	67,115	8,851	367,267		367,267		367,267			1
2	Food Purchase		244,889		244,889		244,889	(799)	244,090			2
3	Housekeeping	253,428	31,404	(28,783)	256,049		256,049		256,049			3
4	Laundry		16,296		16,296		16,296		16,296			4
5	Heat and Other Utilities			165,187	165,187		165,187	(11,410)	153,777			5
6	Maintenance	71,290	27,872	31,151	130,313		130,313	603	130,916			6
7	Other (specify):*							(55)	(55)			7
8	**TOTAL General Services**	616,019	387,576	176,406	1,180,001		1,180,001	(11,661)	1,168,340			8
	B. Health Care and Programs											
9	Medical Director			3,250	3,250		3,250		3,250			9
10	Nursing and Medical Records	1,839,180	180,446	112,513	2,132,139		2,132,139	(17)	2,132,122			10
10a	Therapy	75,972	18	4,748	80,738		80,738		80,738			10a
11	Activities	111,339	13,992	3,073	128,404		128,404		128,404			11
12	Social Services	103,375		5,066	108,441		108,441		108,441			12
13	Nurse Aide Training			6,744	6,744		6,744		6,744			13
14	Program Transportation							664	664			14
15	Other (specify):*											15
16	**TOTAL Health Care and Programs**	2,129,866	194,456	135,394	2,459,716		2,459,716	647	2,460,363			16
	C. General Administration											
17	Administrative	122,302		557,658	679,960		679,960	(588,021)	91,939			17
18	Directors Fees											18
19	Professional Services			102,175	102,175		102,175	(4,597)	97,578			19
20	Dues, Fees, Subscriptions & Promotions			99,724	99,724		99,724	(75,712)	24,012			20
21	Clerical & General Office Expenses	285,141	45,389	42,283	372,813		372,813	(89,876)	282,937			21
22	Employee Benefits & Payroll Taxes			559,160	559,160		559,160	(30,938)	528,223			22
23	Inservice Training & Education											23
24	Travel and Seminar			12,708	12,708		12,708	(8,856)	3,852			24
25	Other Admin. Staff Transportation			1,818	1,818		1,818	112	1,930			25
26	Insurance-Prop.Liab.Malpractice			244,856	244,856		244,856	458	245,314			26
27	Other (specify):*							23,505	23,505			27
28	**TOTAL General Administration**	407,443	45,389	1,620,382	2,073,214		2,073,214	(773,924)	1,299,290			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	3,153,328	627,421	1,932,182	5,712,931		5,712,931	(784,939)	4,927,992			29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.

SEE ACCOUNTANTS' COMPILATION REPORT

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number RENAISSANCE AT HILLSIDE #0042176 Report Period Beginning: 01/01/02 Ending: 12/31/02

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	D. Ownership	1	2	3	4	5	6	7	8	9	10	
30	Depreciation			134,366	134,366		134,366	147,940	282,306			30
31	Amortization of Pre-Op. & Org.			5,014	5,014		5,014	14,692	19,706			31
32	Interest			117,537	117,537		117,537	598,218	715,755			32
33	Real Estate Taxes			279,619	279,619		279,619	(3,025)	276,594			33
34	Rent-Facility & Grounds			1,098,884	1,098,884		1,098,884	(1,091,662)	7,222			34
35	Rent-Equipment & Vehicles			8,915	8,915		8,915	6,186	15,101			35
36	Other (specify):*											36
37	TOTAL Ownership			1,644,335	1,644,335		1,644,335	(327,650)	1,316,685			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	10,547	353,007	343,509	707,063		707,063	167	707,230			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			90,885	90,885		90,885		90,885			42
43	Other (specify):*	69,818			69,818		69,818	(69,818)				43
44	TOTAL Special Cost Centers	80,365	353,007	434,394	867,766		867,766	(69,651)	798,115			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,233,693	980,428	4,010,911	8,225,032		8,225,032	(1,182,240)	7,042,792			45

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number RENAISSANCE AT HILLSIDE # 0042176 Report Period Beginning: 01/01/02 Ending: 12/31/02

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Reference	3 OHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(114,330)	30		9
10	Interest and Other Investment Income	(226)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(225)	02		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(194)	21		18
19	Entertainment	(9,793)	24		19
20	Contributions	(20,450)	20		20
21	Owner or Key-Man Insurance	(30,938)	22		21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(141,210)	21		24
25	Fund Raising, Advertising and Promotional	(44,463)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	Nurse Aide Training for Non-Employees				27
28	Yellow Page Advertising	(9,128)	20		28
29	Other-Attach Schedule	(422,334)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (793,291)		$	30

OHF USE ONLY								
48		49		50		51		52	

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(388,949)		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ (388,949)		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (1,182,240)		37

***These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.**

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.			$		38
39						39
40	Gift and Coffee Shops					40
41	Barber and Beauty Shops					41
42	Laboratory and Radiology					42
43	Prescription Drugs					43
44	Exceptional Care Program					44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	**TOTAL (C): (sum of lines 38-46)**			$		47

SEE ACCOUNTANTS' COMPILATION REPORT

STATE OF ILLINOIS

RENAISSANCE AT HILLSIDE

ID# 00421176

Report Period Beginning: 01/01/02

Ending: 12/31/02

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	CABLE	$ (11,844)	5	1
2	BANK CHARGES	(7,549)	21	2
3	TELEPHONE REVENUE	(198)	21	3
4	RECORD COPIES	(420)	21	4
5	FOOD REBATES/LUNCH MONEY	(574)	2	5
6	JURY DUTY	(17)	10	6
7	POSTAGE	(108)	21	7
8	TV RENTAL	(744)	21	8
9	V.P. MARKETING	(49,877)	43	9
10	PPA-ADVERTISING	(2,177)	20	10
11	COPE-POLITICAL CONTRIBUTIONS	(3,717)	20	11
12	LOSS FROM PARTNERSHIP	(2,001)	21	12
13	TRUST FEES-BLDG CO.	(850)	20	13
14	LEGAL & ACCOUNTING-BLDG CO.	(1,757)	19	14
15	STATE INCOME TAX- BLDG CO.	(583)	21	15
16	MGMT FEES-BLDG CO.	(25,879)	17	16
17	NON-ALLOWED NUCARE SALARY	(966)	21	17
18	NON-ALLOWED NUCARE PAYROLL TAXES	(83)	27	18
19	MARKETING	(19,941)	43	19
20	NON-ALLOWED CLERICAL SALARY	(36,123)	21	20
21	MGMT FEES-NON-ALLOWABLE	(122,500)	17	21
22	NON-ALLOWABLE LEGAL FEES	(6,401)	19	22
23	MANAGEMENT FEES	(125,000)	17	23
24	NON-ALLOWABLE REAL ESTATE TAXES	(3,025)	33	24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
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88				88
89				89
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91				91
92				92
93				93
94				94
95				95
96				96
97				97
98				98
99				99
100				100
101	**Total**	(422,334)		101

STATE OF ILLINOIS

Summary A

Facility Name & ID Number RENAISSANCE AT HILLSIDE # 0042176 Report Period Beginning: 01/01/02 Ending: 12/31/02

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS (to Sch V, col.7)	
1	Dietary													1
2	Food Purchase	(799)											(799)	2
3	Housekeeping													3
4	Laundry													4
5	Heat and Other Utilities	(11,844)		434									(11,410)	5
6	Maintenance			603									603	6
7	Other (specify):*			(55)									(55)	7
8	**TOTAL General Services**	(12,643)		982									(11,661)	8
	B. Health Care and Programs													
9	Medical Director													9
10	Nursing and Medical Records	(17)											(17)	10
10a	Therapy													10a
11	Activities													11
12	Social Services													12
13	Nurse Aide Training													13
14	Program Transportation			664									664	14
15	Other (specify):*													15
16	**TOTAL Health Care and Programs**	(17)		664									647	16
	C. General Administration													
17	Administrative	(273,379)	25,879	(270,552)	47,935	(15,432)	(102,472)						(588,021)	17
18	Directors Fees													18
19	Professional Services	(8,158)	1,757	904		900							(4,597)	19
20	Fees, Subscriptions & Promotions	(80,785)	850	833		3,390							(75,712)	20
21	Clerical & General Office Expenses	(190,096)	583	97,178		2,230	229						(89,876)	21
22	Employee Benefits & Payroll Taxes	(30,938)											(30,938)	22
23	Inservice Training & Education													23
24	Travel and Seminar	(9,793)		915		22							(8,856)	24
25	Other Admin. Staff Transportation			112									112	25
26	Insurance-Prop.Liab.Malpractice			458									458	26
27	Other (specify):*	(83)		14,935	2,695	5,022	936						23,505	27
28	**TOTAL General Administration**	(593,231)	29,069	(155,217)	50,630	(3,868)	(101,307)						(773,924)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(605,892)	29,069	(153,571)	50,630	(3,868)	(101,307)						(784,939)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number RENAISSANCE AT HILLSIDE # 0042176 **Report Period Beginning:** 01/01/02 **Ending:** 12/31/02

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
30	Depreciation	(114,330)	259,317	2,953									147,940	30
31	Amortization of Pre-Op. & Org.		14,692										14,692	31
32	Interest	(226)	598,792	(348)									598,218	32
33	Real Estate Taxes	(3,025)											(3,025)	33
34	Rent-Facility & Grounds		(1,098,884)	7,222									(1,091,662)	34
35	Rent-Equipment & Vehicles			6,186									6,186	35
36	Other (specify):*													36
37	**TOTAL Ownership**	(117,581)	(226,083)	16,013									(327,650)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers			167									167	39
40	Barber and Beauty Shops													40
41	Coffee and Gift Shops													41
42	Provider Participation Fee													42
43	Other (specify):*	(69,818)											(69,818)	43
44	**TOTAL Special Cost Centers**	(69,818)		167									(69,651)	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(793,291)	(197,013)	(137,391)	50,630	(3,868)	(101,307)						(1,182,240)	45

Facility Name & ID Number RENAISSANCE AT HILLSIDE # 0042176 Report Period Beginning: 01/01/02 Ending: 12/31/02

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
SEE ATTACHED		SEE ATTACHED		SEE ATTACHED		
				HILLSIDE LIMITED PARTNERSHIP		
				BUILDING PARTNERSHIP		

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	34	RENTAL INCOME	$ 1,098,884	HILLSIDE LIMITED PARTNERSHIP	100.00%	$	$ (1,098,884)	1
2	V	31	AMORTIZATION		HILLSIDE LIMITED PARTNERSHIP	100.00%	14,692	14,692	2
3	V	30	DEPRECIATION		HILLSIDE LIMITED PARTNERSHIP	100.00%	259,317	259,317	3
4	V	20	TRUST FEES		HILLSIDE LIMITED PARTNERSHIP	100.00%	850	850	4
5	V	19	PROFESSIONAL FEES		HILLSIDE LIMITED PARTNERSHIP	100.00%	1,757	1,757	5
6	V	32	INTEREST EXPENSE		HILLSIDE LIMITED PARTNERSHIP	100.00%	598,792	598,792	6
7	V	21	STATE INCOME TAX		HILLSIDE LIMITED PARTNERSHIP	100.00%	583	583	7
8	V	17	MANAGEMENT FEES		HILLSIDE LIMITED PARTNERSHIP	100.00%	25,879	25,879	8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			$ 1,098,884			$ 901,870	$ * (197,013)	14

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number RENAISSANCE AT HILLSIDE # 0042176 Report Period Beginning: 01/01/02 Ending: 12/31/02

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	5	UTILITIES	$	NUCARE SERVICES CORP.	100.00%	$ 434	$ 434	15
16	V	6	REPAIRS AND MAINT.		NUCARE SERVICES CORP.	100.00%	603	603	16
17	V	7	EMPLOYEE BEN. GEN. SERV.		NUCARE SERVICES CORP.	100.00%	(55)	(55)	17
18	V	14	PROGRAM TRANSPORTATION		NUCARE SERVICES CORP.	100.00%	664	664	18
19	V	17	ADMINISTRATIVE - NON-OWNER		NUCARE SERVICES CORP.	100.00%	2,806	2,806	19
20	V	19	PROFESSIONAL FEES		NUCARE SERVICES CORP.	100.00%	904	904	20
21	V	20	FEES SUBSCRIPTIONS		NUCARE SERVICES CORP.	100.00%	833	833	21
22	V	21	CLERICAL & GENERAL		NUCARE SERVICES CORP.	100.00%	97,178	97,178	22
23	V	24	SEMINARS AND EDUCATION		NUCARE SERVICES CORP.	100.00%	915	915	23
24	V	25	ADMIN. STAFF TRAVEL		NUCARE SERVICES CORP.	100.00%	112	112	24
25	V	26	INSURANCE		NUCARE SERVICES CORP.	100.00%	458	458	25
26	V	27	EMPLOYEE BEN. GEN. ADMIN.		NUCARE SERVICES CORP.	100.00%	14,935	14,935	26
27	V	30	DEPRECIATION		NUCARE SERVICES CORP.	100.00%	2,953	2,953	27
28	V	32	INTEREST EXPENSE		NUCARE SERVICES CORP.	100.00%	(348)	(348)	28
29	V	34	BUILDING RENT		NUCARE SERVICES CORP.	100.00%	7,222	7,222	29
30	V	35	EQUIPMENT RENTAL		NUCARE SERVICES CORP.	100.00%	6,186	6,186	30
31	V	39	ANCILLARY		NUCARE SERVICES CORP.	100.00%	167	167	31
32	V								32
33	V	17	MANAGEMENT FEES	273,358				(273,358)	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 273,358			$ 135,967	$ * (137,391)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number RENAISSANCE AT HILLSIDE # 0042176 Report Period Beginning: 01/01/02 Ending: 12/31/02

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

	1 Schedule V	2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	17	ADMIN. - R. HARTMAN	$	NUCARE SERVICES CORP.	100.00%	$ 14,486	$ 14,486	15
16	V	17	ADMIN. - R. BOTTNER		NUCARE SERVICES CORP.	100.00%	17,516	17,516	16
17	V	17	ADMIN. - B. CARR		NUCARE SERVICES CORP.	100.00%	14,669	14,669	17
18	V	17	ADMIN. - D. HARTMAN		NUCARE SERVICES CORP.	100.00%	1,264	1,264	18
19	V	17	ADMIN. - E. DICKMAN		NUCARE SERVICES CORP.	100.00%			19
20	V	27	EMP. BEN. - R. HARTMAN		NUCARE SERVICES CORP.	100.00%	1,273	1,273	20
21	V	27	EMP. BEN. - R. BOTTNER		NUCARE SERVICES CORP.	100.00%	683	683	21
22	V	27	EMP. BEN. - B. CARR		NUCARE SERVICES CORP.	100.00%	640	640	22
23	V	27	EMP. BEN. - D. HARTMAN		NUCARE SERVICES CORP.	100.00%	99	99	23
24	V	27	EMP. BEN. - E. DICKMAN		NUCARE SERVICES CORP.	100.00%			24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$ 50,630	$ * 50,630	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number RENAISSANCE AT HILLSIDE # 0042176 Report Period Beginning: 01/01/02 Ending: 12/31/02

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	17	ADMINISTRATIVE	$	CAREPATH HEALTH NETWORK	100.00%	$ 21,368	$ 21,368	15
16	V	19	PROFESSIONAL FEES		CAREPATH HEALTH NETWORK	100.00%	900	900	16
17	V	20	FEES, SUBSCRIPTIONS		CAREPATH HEALTH NETWORK	100.00%	3,390	3,390	17
18	V	21	CLERICAL AND GENERAL		CAREPATH HEALTH NETWORK	100.00%	2,230	2,230	18
19	V	24	SEMINARS		CAREPATH HEALTH NETWORK	100.00%	22	22	19
20	V	27	GEN ADMIN.- EMP. BEN.		CAREPATH HEALTH NETWORK	100.00%	5,022	5,022	20
21	V								21
22	V								22
23	V								23
24	V	17	MANAGEMENT FEES	36,800	CAREPATH HEALTH NETWORK	100.00%		(36,800)	24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 36,800			$ 32,932	$ * (3,868)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number RENAISSANCE AT HILLSIDE # 0042176 Report Period Beginning: 01/01/02 Ending: 12/31/02

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

	1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V		17	J. RAJCHENBACH-COMP.	$	JLR MANAGEMENT CORP.	100.00%	$ 20,028	$ 20,028	15
16	V		21	OFFICE		JLR MANAGEMENT CORP.	100.00%	229	229	16
17	V		27	PAYROLL TAXES		JLR MANAGEMENT CORP.	100.00%	936	936	17
18	V									18
19	V									19
20	V									20
21	V		17	MARVIN NEEDLE-CONS. FEES		JLR MANAGEMENT CORP.	100.00%			21
22	V									22
23	V									23
24	V									24
25	V		21	SECRETARIAL		JLR MANAGEMENT CORP.	100.00%			25
26	V									26
27	V									27
28	V									28
29	V		17	MANAGEMENT FEES	122,500	JLR MANAGEMENT CORP.	100.00%		(122,500)	29
30	V									30
31	V									31
32	V									32
33	V									33
34	V									34
35	V									35
36	V									36
37	V									37
38	V									38
39	Total				$ 122,500			$ 21,193	$ * (101,307)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number RENAISSANCE AT HILLSIDE # 0042176 Report Period Beginning: 01/01/02 Ending: 12/31/02

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

	1 Schedule V	2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	22	WORKER'S COMPENSATION	$ 50,136	DIAMOND INSURANCE	40.00%	$ 50,136	$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 50,136			$ 50,136	$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number RENAISSANCE AT HILLSIDE # 0042176 Report Period Beginning: 01/01/02 Ending: 12/31/02

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V							$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$	$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number RENAISSANCE AT HILLSIDE # 0042176 Report Period Beginning: 01/01/02 Ending: 12/31/02

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V			$			$	$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$	$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number RENAISSANCE AT HILLSIDE # 0042176 Report Period Beginning: 01/01/02 Ending: 12/31/02

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

	1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V				$			$	$	15
16	V									16
17	V									17
18	V									18
19	V									19
20	V									20
21	V									21
22	V									22
23	V									23
24	V									24
25	V									25
26	V									26
27	V									27
28	V									28
29	V									29
30	V									30
31	V									31
32	V									32
33	V									33
34	V									34
35	V									35
36	V									36
37	V									37
38	V									38
39	Total				$			$	$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number RENAISSANCE AT HILLSIDE # 0042176 Report Period Beginning: 01/01/02 Ending: 12/31/02

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V			$			$	$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$	$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number RENAISSANCE AT HILLSIDE # 0042176 Report Period Beginning: 01/01/02 Ending: 12/31/02

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1	2	3	4	5	6		7		8	
						Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**			
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Hours	Percent	Description	Amount	Schedule V. Line & Column Reference	
1	Robert Hartman	Owner	Administrative	20.05%	See attached	3	4.62%	Alloc-NuCare	$ 14,486	17-7	1
2	Barry Carr	Administrative	Administrative	0%	See attached	3.6	6.00%	Alloc-NuCare	14,669	17-7	2
3	David Hartman	Relative	Administrative	0%	See attached	0.4	0.88%	Alloc-NuCare	1,264	17-7	3
4	Jack Rajchenbach	Owner	Administrative	25.00%	See attached	7	10.77%	Alloc-JLR	20,028	17-7	4
5	Bernard Hollander	Owner	Administrative	25.00%	See attached	2	3.08%	Alloc-NuCare			5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	$ 50,447		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number RENAISSANCE AT HILLSIDE # 0042176 Report Period Beginning: 01/01/02 Ending: 12/31/02

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [ ] NO [X]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1						$	$		$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number RENAISSANCE AT HILLSIDE # 0042176 Report Period Beginning: 01/01/02 Ending: 12/31/02

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [X] NO [ ]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization: NUCARE SERVICES CORP.
Street Address: 6677 N LINCOLN AVENUE
City / State / Zip Code: LINCOLNWOOD, IL 60712
Phone Number: (847) 933-2600
Fax Number: (847) 933-2601

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	5	UTILITIES	AVAIL. CENSUS DAYS	752,896	9	$ 5,390	$	60,590	$ 434	1
2	6	REPAIRS AND MAINT.	AVAIL. CENSUS DAYS	752,896	9	7,491	(2,814)	60,590	603	2
3	7	EMPLOYEE BEN. GEN. SERV.	AVAIL. CENSUS DAYS	752,896	9	(678)		60,590	(55)	3
4	14	PROGRAM TRANSPORTATIO	AVAIL. CENSUS DAYS	752,896	9	8,255		60,590	664	4
5	17	ADMINISTRATIVE - NON-OWI	AVAIL. CENSUS DAYS	752,896	9	27,305	23,542	60,590	2,806	5
6	19	PROFESSIONAL FEES	AVAIL. CENSUS DAYS	752,896	9	11,230		60,590	904	6
7	20	FEES SUBSCRIPTIONS	AVAIL. CENSUS DAYS	752,896	9	10,356		60,590	833	7
8	21	CLERICAL & GENERAL	AVAIL. CENSUS DAYS	752,896	9	1,207,546	985,408	60,590	97,178	8
9	24	SEMINARS AND EDUCATION	AVAIL. CENSUS DAYS	752,896	9	11,367		60,590	915	9
10	25	ADMIN. STAFF TRAVEL	AVAIL. CENSUS DAYS	752,896	9	1,396		60,590	112	10
11	26	INSURANCE	AVAIL. CENSUS DAYS	752,896	9	5,696		60,590	458	11
12	27	EMPLOYEE BEN. GEN. ADMIN	AVAIL. CENSUS DAYS	752,896	9	185,578		60,590	14,935	12
13	30	DEPRECIATION	AVAIL. CENSUS DAYS	752,896	9	36,699		60,590	2,953	13
14	32	INTEREST EXPENSE	AVAIL. CENSUS DAYS	752,896	9	(4,322)		60,590	(348)	14
15	34	BUILDING RENT	AVAIL. CENSUS DAYS	752,896	9	89,738		60,590	7,222	15
16	35	EQUIPMENT RENTAL	AVAIL. CENSUS DAYS	752,896	9	76,871		60,590	6,186	16
17	39	ANCILLARY	AVAIL. CENSUS DAYS	752,896	9	2,070	1,668	60,590	167	17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 1,681,988	$ 1,007,804		$ 135,967	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number RENAISSANCE AT HILLSIDE # 0042176 Report Period Beginning: 01/01/02 Ending: 12/31/02

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [X] NO [ ]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization: NUCARE SERVICES CORP.
Street Address: 6677 N LINCOLN AVENUE
City / State / Zip Code: LINCOLNWOOD, IL 60712
Phone Number: (847) 933-2600
Fax Number: (847) 933-2601

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	17	ADMIN. - R. HARTMAN	AVG. HOURS WORKED	37	9	180,000	180,000	3	14,486	1
2	17	ADMIN. - R. BOTTNER	AVG. HOURS WORKED	50	9	217,649	215,000	4	17,516	2
3	17	ADMIN. - B. CARR	AVG. HOURS WORKED	45	9	183,358	181,000	4	14,669	3
4	17	ADMIN. - D. HARTMAN	AVG. HOURS WORKED	6	9	18,016	17,000	0	1,264	4
5	17	ADMIN. - E. DICKMAN	AVG. HOURS WORKED	35	1	18,973	17,000			5
6	27	EMP. BEN. - R. HARTMAN	AVG. HOURS WORKED	37	9	15,814		3	1,273	6
7	27	EMP. BEN. - R. BOTTNER	AVG. HOURS WORKED	50	9	8,491		4	683	7
8	27	EMP. BEN. - B. CARR	AVG. HOURS WORKED	45	9	7,998		4	640	8
9	27	EMP. BEN. - D. HARTMAN	AVG. HOURS WORKED	6	9	1,411		0	99	9
10	27	EMP. BEN. - E. DICKMAN	AVG. HOURS WORKED	35	1	1,411				10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 653,121	$ 610,000		$ 50,630	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number RENAISSANCE AT HILLSIDE # 0042176 Report Period Beginning: 01/01/02 Ending: 12/31/02

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [X] NO [ ]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization: CAREPATH HEALTH NETWORK
Street Address: 6633 N LINCOLN AVENUE
City / State / Zip Code: LINCOLNWOOD, IL 60712
Phone Number: (888) 707-6700
Fax Number: (847) 679-2150

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	17	ADMINISTRATIVE	CARE PATH FEES	617,442	13	$ 358,512	$ 358,512	36,800	$ 21,368	1
2	19	PROFESSIONAL FEES	CARE PATH FEES	617,442	13	15,097		36,800	900	2
3	20	FEES, SUBSCRIPTIONS	CARE PATH FEES	617,442	13	56,887		36,800	3,390	3
4	21	CLERICAL AND GENERAL	CARE PATH FEES	617,442	13	37,424		36,800	2,230	4
5	24	SEMINARS	CARE PATH FEES	617,442	13	365		36,800	22	5
6	27	GEN ADMIN.- EMP. BEN.	CARE PATH FEES	617,442	13	84,255		36,800	5,022	6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 552,540	$ 358,512		$ 32,932	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number RENAISSANCE AT HILLSIDE # 0042176 Report Period Beginning: 01/01/02 Ending: 12/31/02

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [X] NO [ ]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization: JLR MANAGEMENT CORP.
Street Address: 6633 NORTH LINCOLN
City / State / Zip Code: LINCOLNWOOD, IL. 60712
Phone Number: (847) 679-9141
Fax Number: (847) 679-1820

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	17	J. RAJCHENBACH-COMP.	AVG. HOURS WORKED	59	9	$ 168,808	$ 168,808	7	$ 20,028	1
2	21	OFFICE	AVG. HOURS WORKED	59	9	1,932		7	229	2
3	27	PAYROLL TAXES	AVG. HOURS WORKED	59	9	7,887		7	936	3
4										4
5										5
6										6
7	17	MARVIN NEEDLE-CONS. FEES	AVG. HOURS WORKED	40	1	36,296				7
8										8
9										9
10										10
11	21	SECRETARIAL	AVG. HOURS WORKED	40	1	5,000				11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 219,923	$ 168,808		$ 21,193	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number RENAISSANCE AT HILLSIDE # 0042176 Report Period Beginning: 01/01/02 Ending: 12/31/02

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [X] NO [ ]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization: Diamond Insurance
Street Address: 40 Skokie Blvd.
City / State / Zip Code: Northbrook, IL 60062
Phone Number: (847) 559-1002
Fax Number: (

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	22	WORKER'S COMPENSATION	DIRECT ALLOCATION			$	$		$ 50,136	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$ 50,136	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number RENAISSANCE AT HILLSIDE # 0042176 Report Period Beginning: 01/01/02 Ending: 12/31/02

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number (
Fax Number (

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1										1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number RENAISSANCE AT HILLSIDE # 0042176 Report Period Beginning: 01/01/02 Ending: 12/31/02

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1						$	$		$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number RENAISSANCE AT HILLSIDE # 0042176 Report Period Beginning: 01/01/02 Ending: 12/31/02

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1						$	$		$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number RENAISSANCE AT HILLSIDE # 0042176 Report Period Beginning: 01/01/02 Ending: 12/31/02

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1						$	$		$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number RENAISSANCE AT HILLSIDE # 0042176 Report Period Beginning: 01/01/02 Ending: 12/31/02

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related											
	Long-Term											
1	American National Bank						$	$			$ 39,832	1
2	LaSalle Bank										64,643	2
3	Cole Taylor Bank		X	MORTGAGE				5,825,825			598,792	3
4	Sun Joint Venture										23,132	4
5	Hillside Limited Partnership										11,565	5
	Working Capital											
6	Due to Shareholder							449,999				6
7												7
8												8
9	TOTAL Facility Related						$	$ 6,275,824			$ 737,964	9
	B. Non-Facility Related*											
10	See Supplemental Schedule										(21,635)	10
11	Interest Income										(226)	11
12	Allocated from NuCare										(348)	12
13												13
14	TOTAL Non-Facility Related						$	$			$ (22,209)	14
15	TOTALS (line 9+line14)						$	$ 6,275,824			$ 715,755	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. $ 0 Line # _____

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)

SEE ACCOUNTANTS' COMPILATION REPORT

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

Facility Name & ID Number RENAISSANCE AT HILLSIDE # 0042176 Report Period Beginning: 01/01/02 Ending: 12/31/02

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
		YES	NO				Original	Balance				
1	MBNA AMERICA		X				$	$			$ 187	1
2	TRANSFER OF INTEREST EXI	X		HILLSIDE ASSISTED LIVING							(21,822)	2
3												3
4												4
5												5
6												6
7												7
8												8
9												9
10												10
11												11
12												12
13												13
14												14
15												15
16												16
17												17
18												18
19												19
20												20
21							$	$			$ (21,635)	21

Facility Name & ID Number RENAISSANCE AT HILLSIDE # 0042176 Report Period Beginning: 01/01/02 Ending: 12/31/02

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.

1. Real Estate Tax accrual used on 2001 report.	$	257,352	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	$	260,461	2
3. Under or (over) accrual (line 2 minus line 1).	$	3,109	3
4. Real Estate Tax accrual used for 2002 report. (Detail and explain your calculation of this accrual on the lines below.)	$	273,485	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. **(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)**	$		5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. **TOTAL REFUND $ For Tax Year.** **(Attach a copy of the real estate tax appeal board's decision.)**	$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.	$	276,594	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:		
1997	78,610	8
1998	313,908	9
1999	365,376	10
2000	382,965	11
2001	406,970	12

SEE ATTACHED SCHEDULE

	FOR OHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2001	$	13
14	PLUS APPEAL COST FROM LINE 5	$	14
15	LESS REFUND FROM LINE 6	$	15
16	AMOUNT TO USE FOR RATE CALCULATION	$	16

NOTES:

1. **Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.**
2. **If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.**
   This denial must be no more than four years old at the time the cost report is filed.

SEE ACCOUNTANTS' COMPILATION REPORT

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2001 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2001 real estate tax costs, as well as copies of your real estate tax bills for calendar 2001.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2001 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2002 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Office of Health Finance at (217) 782-1630.

2001 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME RENAISSANCE AT HILLSIDE COUNTY COOK

FACILITY IDPH LICENSE NUMBER 0042176

CONTACT PERSON REGARDING THIS REPORT STEVEN LAVENDA

TELEPHONE (847) 236-1111 FAX #: (847)236-1155

A. **Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2001 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2001.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	15-17-101-014-0000	LONG-TERM CARE PROPERTY	$ 406,970.36	$ 260,460.80
2.			$	$
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 406,970.36	$ 260,460.80

B. **Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? X YES _____ NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. **Tax Bills**

Attach a copy of the 2001 tax bills which were listed in Section A to this statement. Be sure to use the 2001 tax bill which is normally paid during 2002.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2000 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2000 real estate tax costs, as well as copies of your real estate tax bills for calendar 2000.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2000 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2001 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Office of Health Finance at (217) 782-1630.

2000 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME RENAISSANCE AT HILLSIDE COUNTY COOK

FACILITY IDPH LICENSE NUMBER 0042176

CONTACT PERSON REGARDING THIS REPORT

TELEPHONE ( ) FAX #: ( )

A. **Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2000 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2000.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.			$	$
2.			$	$
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$	$

B. **Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? YES NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. **Tax Bills**

Attach a copy of the 2000 tax bills which were listed in Section A to this statement. Be sure to use the 2000 tax bill which is normally paid during 2001.

Facility Name & ID Number RENAISSANCE AT HILLSIDE # 0042176 Report Period Beginning: 01/01/02 Ending: 12/31/02

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 50,306 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 2

C. Does the Operating Entity? [ ] (a) Own the Facility [X] (b) Rent from a Related Organization. [ ] (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? [X] (a) Own the Equipment [X] (b) Rent equipment from a Related Organization. [X] (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

Hillside Assisted Living Center, Ltd. Assisted Living Center 27,945 Sqare Feet - Combined for Assisted Living and Child Day Care

Hillside Motessori School Child Day Care

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? [X] YES [ ] NO
If so, please complete the following:

1. Total Amount Incurred: 124,111
2. Number of Years Over Which it is Being Amortized: 10
3. Current Period Amortization: 19,706
4. Dates Incurred: 01/01/97-06/30/97

Nature of Costs:
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Facility	87,678	1995	$ 586,500	1
2					2
3	TOTALS	87,678		$ 586,500	3

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number RENAISSANCE AT HILLSIDE # 0042176 Report Period Beginning: 01/01/02 Ending: 12/31/02

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4					$	$		$	$	$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Various			1997	12,990		20	650	650	3,273	9
10	Various			1998	40,341		20	2,017	2,017	9,126	10
11								-		-	11
12								-		-	12
13								-		-	13
14								-		-	14
15								-		-	15
16								-		-	16
17								-		-	17
18								-		-	18
19								-		-	19
20								-		-	20
21								-		-	21
22								-		-	22
23								-		-	23
24								-		-	24
25								-		-	25
26								-		-	26
27								-		-	27
28								-		-	28
29								-		-	29
30								-		-	30
31								-		-	31
32								-		-	32
33								-		-	33
34								-		-	34
35								-		-	35
36								-		-	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number RENAISSANCE AT HILLSIDE # 0042176 Report Period Beginning: 01/01/02 Ending: 12/31/02

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37			$	$		$ -	$	$ -	37
38						-		-	38
39						-		-	39
40						-		-	40
41						-		-	41
42						-		-	42
43						-		-	43
44						-		-	44
45						-		-	45
46						-		-	46
47						-		-	47
48						-		-	48
49						-		-	49
50						-		-	50
51						-		-	51
52						-		-	52
53						-		-	53
54						-		-	54
55						-		-	55
56						-		-	56
57						-		-	57
58						-		-	58
59						-		-	59
60						-		-	60
61						-		-	61
62						-		-	62
63						-		-	63
64						-		-	64
65						-		-	65
66						-		-	66
67						-		-	67
68	Related Party Allocations (Page 12-REP & Page 12A-REP)		6,597,666	259,392		188,547	(70,845)	1,138,103	68
69	Financial Statement Depreciation			54,094			(54,094)		69
70	TOTAL (lines 4 thru 69)		$ 6,650,997	$ 313,486		$ 191,214	$ (122,272)	$ 1,150,502	70

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number RENAISSANCE AT HILLSIDE # 0042176 Report Period Beginning: 01/01/02 Ending: 12/31/02

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		$ 6,650,997	$ 313,486		$ 191,214	$ (122,272)	$ 1,150,502	1
2	CARPET	1999	1,548		20	77	77	308	2
3	LIGHT FIXTURE	1999	1,099		20	55	55	220	3
4	AVONITE TOPS	1999	390		20	20	20	78	4
5	SIGN	1999	9,950		20	498	498	1,951	5
6	FENCE	1999	945		20	47	47	180	6
7	KITCHEN CIRCUITS	1999	439		20	22	22	84	7
8	SECURITY CAMERA	1999	1,175		20	59	59	226	8
9	SECURITY CAMERA	1999	600		20	30	30	115	9
10	CARPET	1999	530		20	27	27	99	10
11	LANDSCAPING CURB	1999	10,500		20	525	525	1,925	11
12	VINYL FLOOR	1999	990		20	50	50	183	12
13	OFFICE RECONSTRUCT	1999	9,895		20	495	495	1,650	13
14	DIFFUSERS & EXHAUST	1999	1,080		20	54	54	185	14
15	WALLGUARD	1999	4,311		20	216	216	738	15
16	CONDENSER FAN	1999	809		20	40	40	137	16
17	OFFICE JACKS	1999	605		20	30	30	98	17
18	OFFICE RECONSTRUCRT	1999	685		20	34	34	113	18
19	CHILLER SYSTEM	1999	1,185		20	59	59	211	19
20	CHILLER SYSTEM	1999	607		20	30	30	105	20
21	SIGN	1999	2,173		20	109	109	354	21
22	CHILLER SYSTEM	1999	1,509		20	75	75	231	22
23	PARKING LOT	1999	1,075		20	54	54	176	23
24	REMODEL 2 BTHRM	2000	2,970		20	149	149	435	24
25	CANOPY COVER	2000	4,600		20	230	230	671	25
26	REPAIR WALK-IN COOLR	2000	915		20	46	46	138	26
27	AMERICAN HEALH CARE	2000	488		20	24	24	72	27
28	INSTLTN OF LANDSCAPG	2000	9,637		20	482	482	1,205	28
29	WALLCOVERING	2000	3,944		20	197	197	427	29
30	TILE	2000	2,267		20	113	113	254	30
31	SCREENS	2000	630		20	32	32	69	31
32	2ND FL IMPROVEMENT	2000	3,990		20	200	200	433	32
33	POWER OUTLET TO KITC	2000	435		20	22	22	48	33
34	TOTAL (lines 1 thru 33)		$ 6,732,973	$ 313,486		$ 195,315	$ (118,171)	$ 1,163,621	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number RENAISSANCE AT HILLSIDE # 0042176 Report Period Beginning: 01/01/02 Ending: 12/31/02

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		$ 6,732,973	$ 313,486		$ 195,315	$ (118,171)	$ 1,163,621	1
2	WINDOW SHADES	2000	842		20	42	42	91	2
3	LANDSCAPING	2000	985		20	49	49	123	3
4	WALLCOVERING	2000	5,590		20	280	280	583	4
5	AWNING/WALL	2000	5,100		20	255	255	531	5
6	ELECTRICAL PANEL	2000	673		20	34	34	96	6
7	FREEZER	2000	520		20	26	26	78	7
8	WALLCOVERING	2000	(3,850)		20	3,657	3,657	3,850	8
9	LANDSCAPING	2000	(9,637)		20	9,155	9,155	9,637	9
10	AWNING	2001	3,960		20	198	198	396	10
11	DIAMOND PLATING	2001	792		20	40	40	80	11
12	WINDOW TREATMENTS	2001	912		20	46	46	92	12
13	WINDOW TREATMENTS	2001	1,525		20	76	76	152	13
14	DINING ROOM WALL	2001	8,000		20	400	400	733	14
15	FENCING	2001	1,558		20	78	78	137	15
16	3 DOORS	2001	1,272		20	64	64	117	16
17	FENCING	2001	1,558		20	78	78	130	17
18	LANDSCAPING	2001	10,652		20	533	533	844	18
19	CONDESOR FAN MOTOR	2001	842		20	42	42	67	19
20	SECURITY LOCKS	2001	767		20	38	38	60	20
21	WANDERGUARD	2001	569		20	28	28	44	21
22	PARKING LOT REPAIR	2001	1,375		20	69	69	104	22
23	ROOF TOP CHILLER REP	2001	904		20	45	45	68	23
24	PARKING LOT SEAL	2001	3,565		20	178	178	252	24
25	ROOF TOP CHILLER REP	2001	525		20	26	26	39	25
26	AWNING SYSTEM	2001	3,100		20	155	155	245	26
27	COMPRESSOR MOTOR	2001	874		20	44	44	59	27
28	FLOW SWITCH	2001	630		20	32	32	53	28
29	PAINTING	2001	992		20	50	50	63	29
30	ELECTRICAL	2001	4,620		20	231	231	347	30
31	ELECTRICAL	2001	897		20	45	45	49	31
32	CIRCUIT BREAKER REPAIRS	2002	1,675		20	140	140	140	32
33	6 MOTORS/FAN CAPS	2002	2,435		20	203	203	203	33
34	TOTAL (lines 1 thru 33)		$ 6,787,195	$ 313,486		$ 211,652	$ (101,834)	$ 1,183,084	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number RENAISSANCE AT HILLSIDE # 0042176 Report Period Beginning: 01/01/02 Ending: 12/31/02

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		$ 6,787,195	$ 313,486		$ 211,652	$ (101,834)	$ 1,183,084	1
2	AIR COOLED CHILLER/ELEC	2002	88,400		20	5,893	5,893	5,893	2
3	LANDSCAPING	2002	2,097		20	82	82	82	3
4	FIRE SPRINKLER WORK	2002	1,055		20	75	75	75	4
5	FURNISH/INSTALL LAMPS	2002	30,828		20	3,083	3,083	3,083	5
6	CARPET	2002	1,158		20	14	14	14	6
7	ELECTRIC WORK	2002	(4,620)		20	(462)	(462)	(462)	7
8	ELECTRIC WORK	2002	(897)		20	(90)	(90)	(90)	8
9	DECORATING	2002	1,044		20	52	52	52	9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 6,906,260	$ 313,486		$ 220,299	$ (93,187)	$ 1,191,731	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number RENAISSANCE AT HILLSIDE # 0042176 Report Period Beginning: 01/01/02 Ending: 12/31/02

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		$ 6,906,260	$ 313,486		$ 220,299	$ (93,187)	$ 1,191,731	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 6,906,260	$ 313,486		$ 220,299	$ (93,187)	$ 1,191,731	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number RENAISSANCE AT HILLSIDE # 0042176 Report Period Beginning: 01/01/02 Ending: 12/31/02

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		$ 6,906,260	$ 313,486		$ 220,299	$ (93,187)	$ 1,191,731	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
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24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 6,906,260	$ 313,486		$ 220,299	$ (93,187)	$ 1,191,731	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number RENAISSANCE AT HILLSIDE # 0042176 Report Period Beginning: 01/01/02 Ending: 12/31/02

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		$ 6,906,260	$ 313,486		$ 220,299	$ (93,187)	$ 1,191,731	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
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24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 6,906,260	$ 313,486		$ 220,299	$ (93,187)	$ 1,191,731	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number RENAISSANCE AT HILLSIDE # 0042176 Report Period Beginning: 01/01/02 Ending: 12/31/02

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12G, Carried Forward		$ 6,906,260	$ 313,486		$ 220,299	$ (93,187)	$ 1,191,731	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 6,906,260	$ 313,486		$ 220,299	$ (93,187)	$ 1,191,731	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number RENAISSANCE AT HILLSIDE # 0042176 Report Period Beginning: 01/01/02 Ending: 12/31/02

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12H, Carried Forward		$ 6,906,260	$ 313,486		$ 220,299	$ (93,187)	$ 1,191,731	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 6,906,260	$ 313,486		$ 220,299	$ (93,187)	$ 1,191,731	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number RENAISSANCE AT HILLSIDE # 0042176 Report Period Beginning: 01/01/02 Ending: 12/31/02

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12I, Carried Forward		$ 6,906,260	$ 313,486		$ 220,299	$ (93,187)	$ 1,191,731	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 6,906,260	$ 313,486		$ 220,299	$ (93,187)	$ 1,191,731	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number RENAISSANCE AT HILLSIDE # 0042176 Report Period Beginning: 01/01/02 Ending: 12/31/02

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12I, Carried Forward		$ 6,906,260	$ 313,486		$ 220,299	$ (93,187)	$ 1,191,731	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 6,906,260	$ 313,486		$ 220,299	$ (93,187)	$ 1,191,731	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number RENAISSANCE AT HILLSIDE # 0042176 Report Period Beginning: 01/01/02 Ending: 12/31/02

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4				1997	$ 6,595,748	$ 259,317	35	$ 188,450	$ (70,867)	$ 1,137,767	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Allocated NuCare			1997	371	9	39	19	10	97	9
10	Allocated NuCare			1998	325	8	39	16	8	73	10
11	Allocated NuCare			1999	455	39	39	23	(16)	78	11
12	Allocated NuCare			2000	553	14	39	28	(14)	68	12
13	Allocated NuCare			2001	214	5	39	11	6	20	13
14											14
15											15
16											16
17											17
18											18
19											19
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28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36											36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A-REP, Line 70 for total

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number RENAISSANCE AT HILLSIDE # 0042176 Report Period Beginning: 01/01/02 Ending: 12/31/02

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37			$	$		$	$	$	37
38									38
39									39
40									40
41									41
42									42
43									43
44									44
45									45
46									46
47									47
48									48
49									49
50									50
51									51
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58									58
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60									60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		$ 6,597,666	$ 259,392		$ 188,547	$ (70,873)	$ 1,138,103	70

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number RENAISSANCE AT HILLSIDE # 0042176 Report Period Beginning: 01/01/02 Ending: 12/31/02

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	$ 605,477	$ 2,624	$ 59,823	$ 57,199	10	$ 260,855	71
72	Current Year Purchases	13,461	78,120	931	(77,189)	10	931	72
73	Fully Depreciated Assets	12,437	100	100		10	12,437	73
74								74
75	TOTALS	$ 631,375	$ 80,844	$ 60,854	$ (19,990)		$ 274,223	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Facility	98 CHEVY VAN	2001	$ 11,532	$ 2,306	$ 1,153	$ (1,153)	5	$ 1,633	76
77										77
78										78
79										79
80	TOTALS			$ 11,532	$ 2,306	$ 1,153	$ (1,153)		$ 1,633	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	$ 8,135,667	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 396,636	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 282,306	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ (114,330)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 1,467,587	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		$	$	$	86
87					87
88					88
89					89
90					90
91	TOTALS	$	$	$	91

G. Construction-in-Progress

	Description	Cost	
92		$	92
93			93
94			94
95		$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number RENAISSANCE AT HILLSIDE # 0042176 Report Period Beginning: 01/01/02 Ending: 12/31/02

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions. ☐ YES ☐ NO

		1 Year Constructed	2 Number of Beds	3 Date of Lease	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				$			3
4	Additions							4
5	Alloc. Nucare				7,222			5
6								6
7	TOTAL				$ 7,222 **			7

8. List separately any amortization of lease expense included on page 4, line 34.
This amount was calculated by dividing the total amount to be amortized by the length of the lease .

9. Option to Buy: ☐ YES ☐ NO Terms: *

10. Effective dates of current rental agreement:
Beginning
Ending

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	/2003	$
13.	/2004	$
14.	/2005	$

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental? ☐ YES ☐ NO

16. Rental Amount for movable equipment: $ 15,101 Description: LAUNDRY EQUIPMENT-$5,793; COPY MACHINE RENTAL-$3,122;ALLOCATION NUCARE-$6,186
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			$	$	17
18					18
19					19
20					20
21	TOTAL		$	$	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number RENAISSANCE AT HILLSIDE # 0042176 Report Period Beginning: 01/01/02 Ending: 12/31/02

XIII. EXPENSES RELATING TO NURSE AIDE TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD? [X] YES [ ] NO

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:

IN-HOUSE PROGRAM	[ ]
IN OTHER FACILITY	[ ]
COMMUNITY COLLEGE	[X]
HOURS PER AIDE	120

3. CLINICAL PORTION:

IN-HOUSE PROGRAM	[ ]
IN OTHER FACILITY	[ ]
HOURS PER AIDE	80

B. EXPENSES

ALLOCATION OF COSTS (d)

		1 Facility Drop-outs	2 Facility Completed	3 Contract	4 Total
1	Community College Tuition	$	$ 1,425	$	$ 1,425
2	Books and Supplies		622		622
3	Classroom Wages (a)		4,697		4,697
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	Nurse Aide Competency Tests				
9	TOTALS	$	$ 6,744	$	$ 6,744
10	SUM OF line 9, col. 1 and 2 (e)	$ 6,744			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities.

$

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	5
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	5

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.
(e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number RENAISSANCE AT HILLSIDE # 0042176 Report Period Beginning: 01/01/02 Ending: 12/31/02

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

	1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39 - 03	hrs	$		$ 142,749	$		$ 142,749	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs			27,031			27,031	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39 - 03	hrs			173,729			173,729	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39 - 02	# of prescrpts				258,724		258,724	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify): See Supplemental			10,547			94,283		104,830	13
14	TOTAL			$ 10,547		$ 343,509	$ 353,007		$ 707,063	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number RENAISSANCE AT HILLSIDE # 0042176 Report Period Beginning: 01/01/02 Ending: 12/31/02

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/02 (last day of reporting year)

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 1,500	$ 1,500	1
2	Cash-Patient Deposits	5,124	5,124	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	1,554,624	1,554,624	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	97,118	97,118	6
7	Other Prepaid Expenses	129,144	129,144	7
8	Accounts Receivable (owners or related parties)	1,152,258	1,152,258	8
9	Other(specify): See Supplemental Schedule	192,914	342,214	9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 3,132,682	$ 3,281,982	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		238,723	13
14	Buildings, at Historical Cost		6,193,366	14
15	Leasehold Improvements, at Historical Cost	628,773	628,773	15
16	Equipment, at Historical Cost	616,448	616,448	16
17	Accumulated Depreciation (book methods)	(673,677)	(1,522,802)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	37,608	37,608	19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(5,014)	(5,014)	20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): See Supplemental Schedule	2,301	126,103	23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 606,439	$ 6,313,205	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 3,739,121	$ 9,595,187	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 1,664,875	$ 1,664,875	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	8,733	8,733	28
29	Short-Term Notes Payable	449,999	449,999	29
30	Accrued Salaries Payable	132,490	132,490	30
31	Accrued Taxes Payable (excluding real estate taxes)	33,833	33,833	31
32	Accrued Real Estate Taxes(Sch.IX-B)	273,485	273,485	32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	See Supplemental Schedule	3,043,287	3,043,287	36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 5,606,702	$ 5,606,702	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		5,825,825	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	See Supplemental Schedule			43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$	$ 5,825,825	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 5,606,702	$ 11,432,527	46
47	**TOTAL EQUITY(page 18, line 24)**	$ (1,867,581)	$ (1,837,340)	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 3,739,121	$ 9,595,187	48

SEE ACCOUNTANTS' COMPILATION REPORT ***(See instructions.)**

Facility Name & ID Number RENAISSANCE AT HILLSIDE # 0042176 Report Period Beginning: 01/01/02 Ending: 12/31/02

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ (1,613,202)	1
2	Restatements (describe):		2
3	See attached	(583,454)	3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ (2,196,656)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	329,075	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	( )	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ 329,075	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	**TOTAL Transfers (sum of lines 18-22)**	$	23
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ (1,867,581)	24 *

*** This must agree with page 17, line 47.**

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number RENAISSANCE AT HILLSIDE # 0042176 Report Period Beginning: 01/01/02 Ending: 12/31/02

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

	Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 7,912,316	1
2	Discounts and Allowances for all Levels	(781,687)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 7,130,629	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	816,692	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 816,692	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	445,955	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	43,987	19
20	Radiology and X-Ray		20
21	Other Medical Services	55,252	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 545,194	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	226	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 226	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See Supplemental Schedule	61,366	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 61,366	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 8,554,107	30

	Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,180,001	31
32	Health Care	2,459,716	32
33	General Administration	2,073,214	33
	B. Capital Expense		
34	Ownership	1,644,335	34
	C. Ancillary Expense		
35	Special Cost Centers	776,881	35
36	Provider Participation Fee	90,885	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 8,225,032	40
41	**Income before Income Taxes (line 30 minus line 40)****	329,075	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 329,075	43

* **This must agree with page 4, line 45, column 4.**

** **Does this agree with taxable income (loss) per Federal Income Tax Return?** Cash Basis **If not, please attach a reconciliation.**

*** **See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.** SEE ACCOUNTANTS' COMPILATION REPORT

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.

Facility Name & ID Number RENAISSANCE AT HILLSIDE # 0042176 Report Period Beginning: 01/01/02 Ending: 12/31/02

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	2,409	2,181	$ 84,102	$ 38.56	1
2	Assistant Director of Nursing	1,887	2,304	65,840	28.58	2
3	Registered Nurses	9,629	15,650	362,315	23.15	3
4	Licensed Practical Nurses	31,959	33,356	616,102	18.47	4
5	Nurse Aides & Orderlies	67,528	75,160	677,942	9.02	5
6	Nurse Aide Trainees					6
7	Licensed Therapist	444	444	10,547	23.75	7
8	Rehab/Therapy Aides	7,567	7,960	75,972	9.54	8
9	Activity Director	2,885	3,201	47,441	14.82	9
10	Activity Assistants	7,498	7,804	63,898	8.19	10
11	Social Service Workers	3,845	4,281	103,375	24.15	11
12	Dietician	2,281	2,456	43,213	17.60	12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	29,881	33,236	248,088	7.46	15
16	Dishwashers					16
17	Maintenance Workers	2,989	5,727	71,290	12.45	17
18	Housekeepers	29,981	31,039	253,428	8.16	18
19	Laundry					19
20	Administrator	2,327	2,620	105,224	40.16	20
21	Assistant Administrator	500	599	17,078	28.51	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	22,908	19,913	285,141	14.32	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	2,842	3,038	32,879	10.82	31
32	Other Health Care(specify)					32
33	Other(specify) See Supplemental	1,371	2,227	69,818	31.35	33
34	TOTAL (lines 1 - 33)	230,730	253,195	$ 3,233,693 *	$ 12.77	34

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant	206	$ 8,851	01-03	35
36	Medical Director	Monthly	3,250	09-03	36
37	Medical Records Consultant	Monthly	4,128	10-03	37
38	Nurse Consultant	119	5,936	10-03	38
39	Pharmacist Consultant	Monthly	3,648	10-03	39
40	Physical Therapy Consultant	63	3,143	10a-03	40
41	Occupational Therapy Consultant	32	1,605	10a-03	41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	58	3,073	11-03	44
45	Social Service Consultant	96	5,066	12-03	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	574	$ 38,700		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses	105	$ 5,237	10-03	50
51	Licensed Practical Nurses	2,794	93,564	10-03	51
52	Nurse Aides				52
53	TOTAL (lines 50 - 52)	2,900	$ 98,801		53

SEE ACCOUNTANTS' COMPILATION REPORT

* This total must agree with page 4, column 1, line 45.

** See instructions.

Facility Name & ID Number RENAISSANCE AT HILLSIDE # 0042176 Report Period Beginning: 01/01/02 Ending: 12/31/02

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Colleen Kamin	Administrator	None	$ 105,224
Kathy Brander	Dir. Reg. Mgmt	None	8,248
Ray Dolan	VP Risk Mgmt	None	8,830
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 122,302

B. Administrative - Other

Description	Amount
Management Fees (Carepath Health Network)	$ 36,800
Management Service-See Attached	520,858
TOTAL (agree to Schedule V, line 17, col. 3)	$ 557,658
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
See Attached	Legal	$ 45,494
FR&R	Accounting	19,326
See Attached	Computer Consultant	31,292
Personnel Planners	Unemployment Consultant	2,464
Purchasing Plus	Purchasing Service	600
Rimcus Consulting Group	Inspection	3,000
TOTAL (agree to Schedule V, line 19, column 3)		
(If total legal fees exceed $2500 attach copy of invoices.)		$ 102,175

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 50,136
Unemployment Compensation Insurance	42,639
FICA Taxes	232,053
Employee Health Insurance	145,058
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
401 K Matching	307
Employee Benefits	21,832
Union Pension Benefits	22,950
NuCare Reimbursement	13,247
TOTAL (agree to Schedule V, line 22, col.8)	$ 528,222

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
		$
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$ 200
Advertising: Employee Recruitment	11,699
Health Care Worker Background Check	1,630
(Indicate # of checks performed 206)	
Dues& Subscriptions	5,042
Fees/Licenses	1,219
Yellow Page Advertising	9,128
Advertising & Promotion	44,463
NuCare Allocation	833
CarePath Allocation	3,390
Less: Public Relations Expense	( )
Non-allowable advertising	(44,463)
Yellow page advertising	(9,128)
TOTAL (agree to Sch. V, line 20, col. 8)	$ 24,012

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Seminar Expense	2,915
Allocated from NuCare	915
Allocated from CarePath	22
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 3,852

* Attach copy of IMRF notifications

**See instructions.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number RENAISSANCE AT HILLSIDE # 0042176 Report Period Beginning: 01/01/02 Ending: 12/31/02

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY1999	FY2000	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006	FY2007
1	N/A		$		$	$	$	$	$	$	$	$	$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
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14													
15													
16													
17													
18													
19													
20	TOTALS		$		$	$	$	$	$	$	$	$	$

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number RENAISSANCE AT HILLSIDE # 0042176 Report Period Beginning: 01/01/02 Ending: 12/31/02

XX. GENERAL INFORMATION:

(1) Are nursing employees (RN,LPN,NA) represented by a union? NO

(2) Are there any dues to nursing home associations included on the cost report? YES
If YES, give association name and amount. ICLTC-$8447.40

(3) Did the nursing home make political contributions or payments to a political action organization? YES If YES, have these costs been properly adjusted out of the cost report? YES

(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? NO If YES, what is the capacity?

(5) Have you properly capitalized all major repairs and equipment purchases? YES
What was the average life used for new equipment added during this period? 10

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ 40,263 Line 10

(7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? YES If NO, attach a complete explanation.

(8) Are you presently operating under a sale and leaseback arrangement? NO
If YES, give effective date of lease.

(9) Are you presently operating under a sublease agreement? YES X NO

(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period. $ 90,885
This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? NO If YES, attach an explanation of the allocation.

SEE ACCOUNTANTS' COMPILATION REPORT

(13) Have costs for all supplies and services which are of the type that can be billed to the Department of Public Aid, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? YES

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? YES For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. $ Has any meal income been offset against related costs? N/A Indicate the amount. $

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? NO
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? NO If YES, please indicate the amount of income earned from such a program during this reporting period. $
c. What percent of all travel expense relates to transportation of nurses and patients? 100%ln14
d. Have vehicle usage logs been maintained? N/A
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A
g. Does the facility transport residents to and from day training? NO
Indicate the amount of income earned from providing such transportation during this reporting period. $

(17) Has an audit been performed by an independent certified public accounting firm? NO
Firm Name: The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? If no, please explain.

(18) Have all costs which do not relate to the provision of long term care been adjusted out out of Schedule V? YES

(19) If total legal fees are in excess of $2500, have legal invoices and a summary of services performed been attached to this cost report? YES
Attach invoices and a summary of services for all architect and appraisal fees.